Printed: 06/23/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		17E015		B. WING		C <b>06/23/2015</b>	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STAT	E, ZIP CODE		
GRISELL	MEMORIAL HOSPITA	L LTCU	330 S VE	RMONT PO	D BOX 268		
		-	RANSOM	, KS 67572	2		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY  OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS			F 000			
		s represent the findings on #87785 and #87571.					
	483.25 PROVIDE CA HIGHEST WELL BEII			F 309			
	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.						
	This Requirement is not met as evidenced by: The facility had a census of 26 residents. The sample included 4 residents. Based on observation, record review and interview the facility failed to provide necessary care and services by lack of accurate and complete assessments, for 1 of 4 sampled residents, after he/she received abrasions to his/her toes on his/her left foot.(#1)		e				
	Findings included:						
	- The 6/1/15 physician order sheet indicated Resident #1 had diagnoses of restless leg syndrome (a disorder of the part of the nervous system that causes an urge to move the legs), parkinsons (a slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness), dementia(a progressive mental disorder characterized by failing memory, confusion) and history of stroke (when the blood supply to part of your brain is interrupted or severely reduced, depriving brain tissue of oxygen and nutrients. Within minutes, brain cells		ous s), ing of uscle sive nory,				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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			RANSO	M, KS 6757	2		
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F 309	Continued From pag	je 1		F 309			
	begin to die).						
	had a (BIMS) Brief In score of 3, which indispersion impairment. The MDS required total staff as Activities of Daily Liviextremity impairment wheelchair for mobility. The 4/9/15 care plan limited vision, require ADLs, and transferre plan directed the staff skin with bathing and resident. The care plan large resident, stiffento reposition him/her, scoots on his/her bot sitting in a chair. The	/1/15, indicated the resinterview for Mental Statuterview for Mental Statute severe cognitive indicated the resident esistance with (ADLs) ing, upper and lower on both sides, and use	ad a  mad with e t's to the s a aff try mes,				
	while seated in the wabrasions to his/her 2 being transported, by room.  The 6/4/15 skin asseresident's 2nd toenai bruise with dried blooglazed skin. The nurseleft them open to air	I on his/her left foot had od, the 3rd and 4th toe had se cleansed the areas a . (the assessment lacke	while pool a a mad mad and ad				
	left them open to air. (the assessment lacked documentation of the size or description of the areas)  The 6/9/15 skin assessment indicated the areas on the resident's toes were scabbed, no signs of		reas				

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 309	infection and the nurse (the assessment lack size or description of The 6/9/15 at 5:00 Pl 6/3/15, the nurse assand found blood on telft foot. The note incide resident's toes with a band aid to the toe The 6/16/15 skin asson the resident's toes signs of infection, and to monitor. (the assedocumentation of the description of the area of the composition of the com	se would continue to me ked documentation of the ked documentation of the the areas.)  M nurse's note indicated sessed the resident's fee hree toes of the resident dicated the nurse cleans with normal saline and applicated the nurse sessment indicated the as were scabbed, intact, do the nurse would continue sessment lacked the size, or complete eas.)  M, observation revealer A removed the sock from	d, on et att's seed opplied areas no nue dom et att's seed opplied dom et att's no et att's rd he att's the et att's rd he att's rd he et att	F 309			

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F 309 F 323 SS=D	whirlpool. Nurse Ai finished with the regetting the resident noticed the resident and notified the nurse of the measuring and document of the measuring and document of the measuring and document of the measuring and describe the resident's left foot on the skin assess. The facility's 3/11 Sinstructed the nurse assessment of the The facility failed to services by not cor assessments, inclusives a sessments, inclusives a sessment of the The facility must energy and adequate supervisis prevent accidents. This Requirement The facility had a comparison of the This Requirement of the Requirement accidents.	de B stated when he/she isident's whirlpool and wa tout of the whirlpool, he/she's left foot toes were bleerse.  PM, Nurse C verified the g the abrasions on the toes and stated they shout the state of	s she she eding staff ald be e A sure /her them y skin and of zards es to	F 309				

AND PLAN OF CORRECTION IDENT	TFICATION NUMBER:	A. BUILDING _		COMPLETED	(X3) DATE SURVEY COMPLETED	
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F 323 Continued From page 4 observation, record review and facility failed to identify enviror which resulted in an avoidable residents reviewed for accider ran over Resident #1's toes with chair, failed to have a nurse astoes, proceeded to provide the whirlpool bath and the resident abrasions (scraping or rubbing such as skin, by friction) to his Findings included:  - The 6/1/15 physician order is Resident #1 had diagnoses of syndrome (a disorder of the pasystem that causes an urge to parkinsons (a slowly progress disorder characterized by rest the fingers, masklike faces, shrigidity and weakness), demer mental disorder characterized confusion) and history of strok supply to part of your brain is severely reduced, depriving broxygen and nutrients. Within research to die).  The quarterly (MDS) Minimum assessment, dated 4/1/15, indicated a (BIMS) Brief Interview for score of 3, which indicated serimpairment. The MDS indicate required total staff assistance. Activities of Daily Living, upper extremity impairment on both wheelchair for mobility.  The 4/9/15 care plan indicated limited vision, required total staff limited vision.	amental hazards, a accident for 1 of 4 of the second for 1 of 4 of the the whirlpool seeses the resident's a resident a to sustained a away of a surface, wher left foot toes.  Sheet indicated restless legger for the nervous of the nervous of the nervous of the nervous of the foot for the neurologic of the foot for the neurologic of the foot foot for the neurologic of the foot foot foot foot foot foot foot foo	F 323				

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F 323 Continued From page ADLs, and transferred plan directed the staff skin with bathing and vesident. The care plan a large person, and stistaff try to reposition hidirected the staff to mobreakdown. The care place becomes restless at the bottom and slides down. The 6/4/15 facility repowhile seated in the what abrasions to his/her 2r being transported, by room.  The 6/4/15 skin assess resident's 2nd toe nail blood, the 3rd and 4th nurse cleansed the areair. (the assessment lasize or description of the 15 skin asses on the resident's toes infection and the nurse (the assessment lacked size or description of the 6/9/15 at 5:00 PM 6/3/15, the nurse asses and found blood on the left foot. The note indicate the resident's toes with a band aid to the toes.  The 6/16/15 skin asses on the resident's toes with a band aid to the toes.	with a full lift. The care to monitor the resident when providing cares on indicated the resident iffens his/her body who im/her. The care plan onitor the resident for splan indicated the resident, when sitting in a chort indicated the resident indicated the resident indicated the resident indicated the whirlpool chair, received and, 3rd, and 4th toes with the staff, to the whirlpool is ment indicated the had a bruise with dried toe had glazed skin. The areas and left them oper acked documentation of the areas.)  In urse's note indicated the areas.)  In urse's note indicated the areas of the resident indicated the areas.)  In urse's note indicated the areas of the resident indicated the areas.)  In urse's note indicated the areas of the resident indicated the resident indicated the areas of the resident indicated the areas of the resident indicated the indic	t's to the to the at was en skin dent rair. ent, while bol d The n to of the reas as of conitor. e d, on et at's sed oplied areas no	F 323				

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F 323	to monitor. (the assest documentation of the description of the are  On 6/16/15 at 2:45 P Administrative Nurse the resident's left foor approximately 1 (cm) on the tip of his/her 2 1-2 cm scabbed area and 4th toes. Further toes were pink.  On 6/16/15 at 1:28 P resident had stiff legs his/her knees to posit whirlpool chair's foot hang down, touching verified on 6/3/15, he down the hall, on a w whirlpool room, and r of the left foot. Nurse removed the resident whirlpool room, looked did not see any blooche/she continued with Nurse Aide B stated with the resident's whim/her out of the wh resident's left foot toe the nurse.  On 6/16/15 at 3:51 P would expect staff to when the accident wi occurred, causing ab foot toes.  On 6/16/15 at 3:58 P	ssment lacked size, or complete as.)  M, observation revealed A removed the sock from the top of his/her 3 observation revealed to the top of his/her feet on the rests, causing his feet to the floor. Nurse Aide B /she propelled the residenting of the top of his/her stated here an over the resident's to Aide B further stated here and the resident's toes the total the resident's toes the total the resident's whirlpool and was getting in the swere bleeding and not the total the total the total the total the swere bleeding and not the total the total the swere bleeding and not the total the total the swere bleeding and not the total the total the swere bleeding and not the total the total the swere bleeding and not the total	ea, rely rd he the nd o dent oes e/she he and ol. ed the otified he way s left	F 323			

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F 323	Continued From page	e 7		F 323				
	staff transported the resident, on a whirlpool chair, to the whirlpool room. Administrative Nurse A stated staff should immediately report any incident involving a resident, to the nurse.							
	On 6/22/15 at 12:00 PM, Administrative Nurse A stated the facility had no documentation regarding use of the whirlpool chair to transport the resident to the whirlpool room.							
	On 6/22/15 at 2:30 PM, Administrative Nurse A stated the resident could bend his/her knees with assistance from the staff but could not bend them far enough back to stay on the foot rests of the whirlpool chair.							
	The 10/12 facility Orientation checklist policy stated when a reportable (an incident causing injury to a resident) incident is identified, the person with knowledge of the incident completes the variance report for the risk management program.							
	The facility failed to identify environmental hazards, including the potential for accidents for Resident #1, who's body was stiff due to parkinsons, and he/she was unable to be safely positioned on the whirlpool chair, causing injury to the resident's toes.							